



Overview of New Hampshire Healthy Families

August, 2015



Overview

- ✓ NHHF is fortunate to draw on a 31 year history in Medicaid service delivery. Our parent company, Centene, began providing Medicaid Managed Care health insurance coverage in 1984.
- ✓ Centene currently provides Medicaid health insurance coverage in 17 states.
- ✓ Centene has developed many successful practices and programs that benefit the Medicaid populations.

New Hampshire Healthy Families (NHHF) has coordinated services for NH Medicaid participants since December 1, 2013.

- **Located in Bedford, NH, NHHF has over 100 local employees**
- **The NHHF team takes pride in their work and strives to:**
 - 1. Provide high-quality, cost effective services;**
 - 2. Improve the health of our members; and**
 - 3. Support local communities and the state to achieve better health**

Overview: Where are NHHF Members

As of July, 2015	County	Amount
Total Members: 73,996	Hillsborough	23,237
	Rockingham	12,414
	Merrimack	8,286
	Strafford	6,868
	Grafton	4,610
	Cheshire	4,127
	Belknap	4,021
	Carroll	3,710
	Coos	3,309
	Sullivan	3,225



Provider Network

NHHF has a robust network of providers:

Provider Type	Number of Providers
Acute Care Hospital	33
Acute Rehabilitation Hospital	2
Behavioral Health Hospitals	11
Behavioral Health Providers	1,156
Community Mental Health Centers	10
Federally Qualified Health Centers	34 locations
Primary Care Providers	1,641
Rural Health Clinics	13 locations
Specialist Providers	4,110

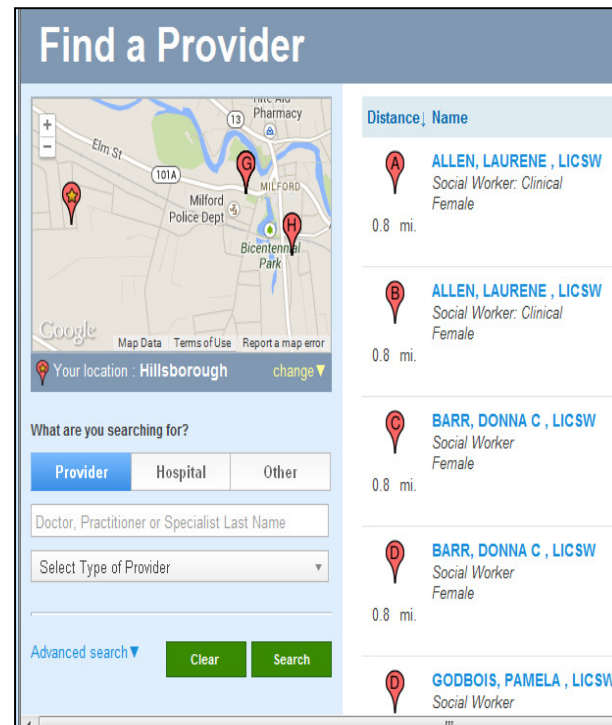
Counts include Providers in: NH, ME, MA, and VT

Provider Network: Finding a Provider

Our *Find A Provider* feature is available online:

www.NHhealthyfamilies.com

- Member Services staff can help you by phone: 1-866-769-3085
- If your provider does not participate with NHHF, please let us know and we will invite him/her to join.



The screenshot shows the 'Find a Provider' web interface. On the left is a Google Map of Hillsborough, New Hampshire, with several red location pins. Below the map, the text 'Your location: Hillsborough' is displayed with a 'change' link. To the right of the map is a search section titled 'What are you searching for?' with three tabs: 'Provider' (selected), 'Hospital', and 'Other'. Below these tabs is a text input field for 'Doctor, Practitioner or Specialist Last Name' and a dropdown menu for 'Select Type of Provider'. At the bottom of the search section are links for 'Advanced search', 'Clear', and 'Search'. On the right side of the interface is a list of search results. Each result includes a red pin icon, a distance of '0.8 mi.', and the provider's name and title. The results are as follows:

Distance	Name
0.8 mi.	ALLEN, LAURENE , LICSW Social Worker: Clinical Female
0.8 mi.	ALLEN, LAURENE , LICSW Social Worker: Clinical Female
0.8 mi.	BARR, DONNA C , LICSW Social Worker Female
0.8 mi.	BARR, DONNA C , LICSW Social Worker Female
0.8 mi.	GODBOIS, PAMELA , LICSW Social Worker



Prior Authorization: Continuity of Care

Medical Services:

- Prior Authorizations in place at the time a member transitions to NHHF will be honored for sixty (60) calendar days or until completion of a medical necessity review, whichever comes first.

Prescriptions:

- If NHHF is aware a medication has been prior authorized, it will be honored for sixty (60) days.
- If a claim rejects at the pharmacy, the member or pharmacy can contact NHHF and with validation from the pharmacy or provider that the member has been using a medication, NHHF will override and provide the medication.

Prior Authorizations

NHMF requires Prior Authorization for some services that did not previously require Prior Authorization under the Medicaid Fee For Service program

- Prior Authorizations are requested for members by their provider
- All Out-Of-Network services require a prior authorization, except Emergency Services
- If the requested service is available in network, care will be redirected and transitioned to a network provider
- Out of Network services may be authorized if it is determined that the services cannot be provided within the network
- Members and Providers can use the website to find out if:
 - A service requires prior authorization
 - A particular provider is in the network



Prior Authorization Process

- All Prior Authorization requests require clinical review
- When clinical criteria are met, the Prior Authorization request is approved
 - NHHF sometimes needs additional information to process the Prior Authorization request
 - When this is the case, additional time may be required to make a decision
- If a request is denied, the member or provider can request an appeal
- This process is outlined in the Member Handbook



Prior Authorization: Coordination of Benefits

- NHHF is always the payer of last resort
- Member Services staff (1-866-769-3085) will assist members who have other/primary insurance coverage (such as Medicare and/or private insurance) to coordinate their benefits
- NHHF will assist members to determine if a NHHF PA is required for a specific service
- When a member has other/primary insurance, generally, if the primary insurance:
 - Covers a service, a PA will not be required from NHHF
 - Does not cover a service, a PA is required from NHHF (if the specific service type requires a PA)

Prior Authorization: Appeal Resolution

If a request for Prior Authorization is denied, a member, or provider on his/her behalf, may appeal the decision.

- Standard Appeals:
 - Must be requested within 30 days of a denial
 - Can be submitted verbally, but must be followed up in writing
 - Must be resolved within 30 calendar days
 - Sometimes NHHF will need additional information to process an appeal; this may require additional time
- Expedited Appeals:
 - May be requested by members or providers
 - Can be requested verbally
 - Will be addressed as quickly as needed based on the member's health status, but in no more than 3 days
- After internal appeal rights have been exhausted, members may request Fair Hearing with the State



Care Coordination

NHHF staff is experienced in assisting members with complex needs

- Care Coordinators receive referrals from:
 - Welcome Calls
 - Health Needs Assessments
 - Provider referrals
 - Member/self-referrals
 - Member Call Center staff
 - Claims and data driven resources
- Our team is trained to identify the needs of members with complex health conditions and deliver “whole person” care management services
- Care Coordinators actively engage with members to address care gaps and develop individualized plans that “meet the member where they are”

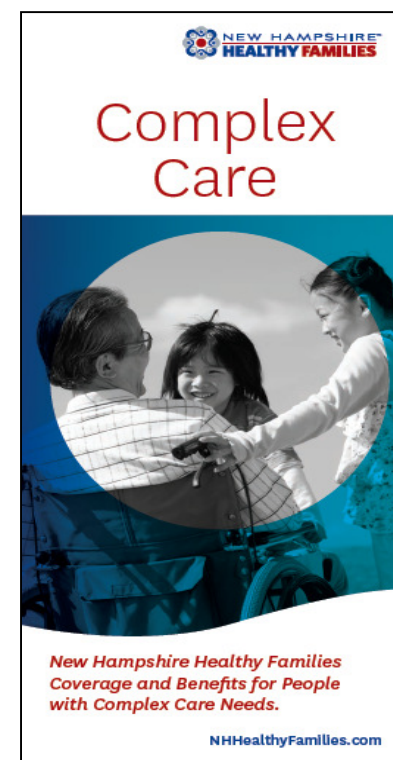
Care Coordination

- NHHF Care Coordination staff work with the member, their family, and health care providers to assist with coordination of services
- Care Coordination Teams are regionally assigned
- Members have “one single point of contact”
- Primary Care Coordinators assist with the following needs:
 - Physical Health
 - Behavioral Health
 - Disease Management
 - Social Services



Care Coordination: Integrated Care Team Members

- Registered Nurse
- Social Worker
- Special Needs Coordinator
- Developmental Disability Coordinator
- Medical Director
- Behavioral Health Clinician
- MemberConnection Representative
- Foster Care Liaison



Our Integrated Care Management Program was recently awarded The Case In Point Platinum award by Dorland Health

Care Coordination

NHHF offers health coaching and support for:

- Asthma
- Heart disease
- Diabetes
- High Blood Pressure
- COPD
- Weight Management
- Smoking Cessation
- Telemonitoring is available for certain health conditions



Care Coordination: MemberConnections®

- Member Connections staff visit members at their home to provide assistance and education in accessing healthcare and developing healthy lifestyles; services include:
 - Community Connections: Assist members to locate community resources
 - Home Connections: Connects members who are home bound to additional resources
 - ConnectionsPLUS®: Provides free pre-programmed cell phones to members participating in disease management programs

Pharmacy: New Prescriptions

Working with your provider to ensure a Prior Authorization is obtained brings about the best outcomes.

- If your medication is denied at the pharmacy, your prescriber will be notified of the denial
- NHHF will work with your provider to ensure a Prior Authorization is requested and reviewed
- The pharmacy, member, or Member Services can outreach to prescriber for information to support the Prior Authorization request
- If the Rx is needed urgently, it can be filled via 3-day emergency override by the pharmacy while a Prior Authorization is obtained (there are some exceptions to this protocol, for example non-covered meds). If your pharmacy doesn't offer this option, request it.
- Pharmacy Prior Authorizations must be determined within 24 hours upon receipt of the provider's clinical information.

Pharmacy: Special Prescriptions

- Compound Prescriptions
 - With claims history, NHHF will enter a PA for 60 days (in support of continuity of care).
 - Without a PA, Member Services staff will coordinate with internal resources including assisting with PA if required.
 - NHHF will help locate specialty pharmacy.
- Off-Label Use
 - Each is approved on a case-by-case basis determined by medical necessity and clinical documentation
- Special Formula
 - With prescription, 5 day emergency supply is approved
 - NHHF will assist in obtaining PA for continued use based on medical necessity and clinical documentation.
 - NHHF will help find a supplier if necessary



Member Call Center

Member Call Center staff are trained to assist all members: 1-866-769-3085

- Member Services staff assist members by working with NHHF internal support services (e.g., pharmacy coordinator, prior authorization staff) to resolve member requests.
- Member Services staff engage Care Coordination staff when there are clinical complexities.



Non-Emergent Medical Transportation

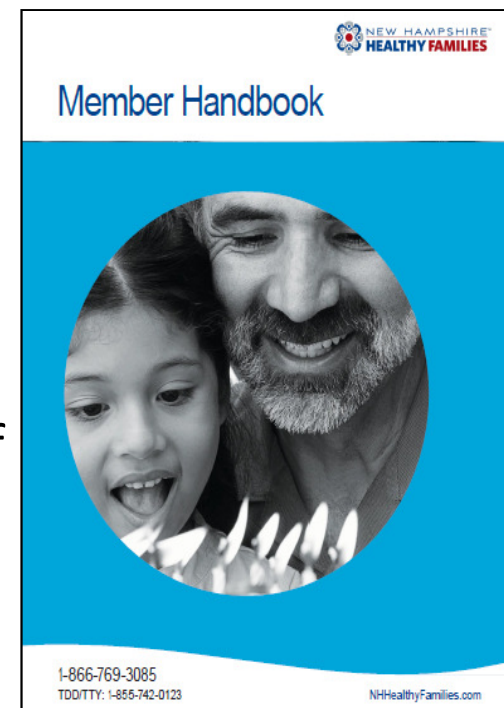
Non-Emergent Medical Transportation and Mileage Reimbursement is available to members for transportation to medical appointments and certain other health-related events. [NOTE: Call 911 in an Emergency.]

- To schedule transportation contact Member Services and choose the “Transportation” option.
- Transportation by Provider Vehicle, Wheelchair Van, or Non-urgent ambulance:
 - Requires advanced notice, but does not require a Prior Authorization
 - Short notice appointments or one-way trips greater than 100 miles may require additional information
- Mileage Reimbursement is available when driving yourself, or a friend/family member drives you:
 - Is reimbursed at 41 cents per mile.
 - Requires documentation, including provider’s signature (form is available on the website)
- Use of public transportation can be reimbursed

What to Expect: Enrollment

Once enrolled, members receive:

- A Welcome Call from NHHF Member Services
 - NHHF staff can speak with your approved representative, guardian, or support provider
- A Temporary Member ID Card can be downloaded
- A Welcome Packet, mailed within 7 days of start of coverage:
 - Permanent ID card
 - Member Handbook
 - Information on other benefits and services
- Transition Support: NHHF staff will outreach to members to meet current needs and develop support plans.





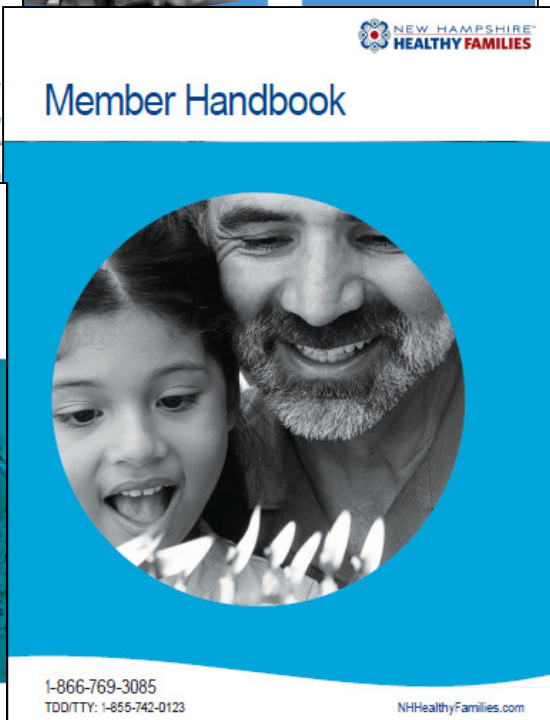
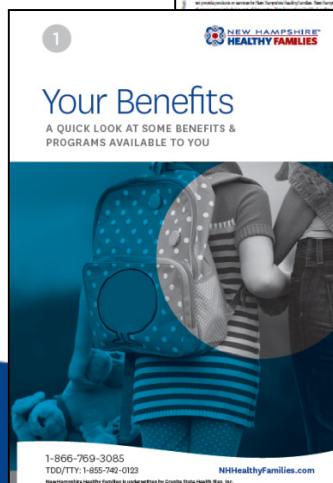
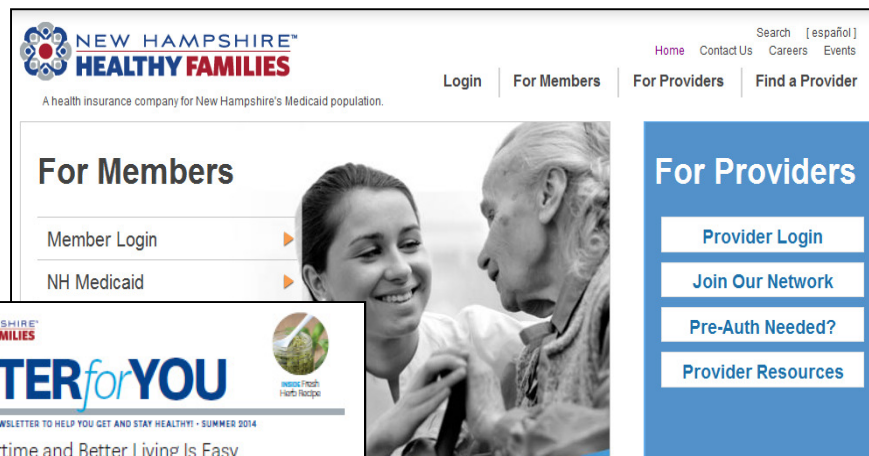
What to Expect: Member Benefits

- CentAccount® Program
 - Promotes appropriate utilization of preventative services
 - Gives rewards to members for practicing healthy behavior
- Start Smart for Your Baby®
 - For women who become pregnant
 - Award-winning prenatal clinical and educational outreach program
- Vision Enhancement
 - Get a credit for the benefit to get the eyeglasses the member wants
- Coupon Saver Program
 - Discounts on healthy eating and living choices



Resources:

- Public Website
- Member Handbook
- Newsletters
- Welcome Packet
- Brochures
- Provider Directory
- Email List
- Smart Phone
- Provider Faxes





Resources: Website Portal

- Complete a Health Needs Assessment
 - Online: www.NHhealthyfamilies.com
 - Or paper, included in Welcome Packet
- Change your doctor
- Update your contact information
- View your Benefits Summary
- Review your Claims History

A screenshot of the New Hampshire Healthy Families website portal. The header features the organization's logo. Below it, a banner reads "We simplify managing your health!". The main content area is divided into three columns: "Health Management" showing a "Health Alert" for a "Past Due For Six Months" upcoming office visit; "Simple & Mobile" showing a smartphone and tablet interface; and "Secure Messaging" showing an inbox with messages from "Joe Representative", "Sarah Provider", and "James Assistant". To the right is a "Login" section with fields for "User Name (Email)" and "Password", a "Login" button, and a link for "Forgot Password / Unlock Account". A "Sign Up Now" button is located at the bottom left of the main content area.



Provider Resources

A screenshot of the New Hampshire Healthy Families website's provider resources section. The header includes the logo and navigation links for "Features", "Join Our Network", and "CREATE ACCOUNT". The main content area is titled "The Tools You Need Now!" and lists three key services: "Check Eligibility" (with a thumbs-up icon), "Authorize Services" (with a checkmark icon), and "Manage Claims" (with a dollar sign icon). A "Login" modal is open, showing fields for "User Name (Email)" and "Password", a "Login" button, and a link for "Forgot Password / Unlock Account". Below the login modal, there is a section for "Need To Create An Account?" with a "Create An Account" button, and a "How to Register" section with links for "Provider Registration Video" and "Provider Registration PDF".

Through the Secure Web Portal Providers can:

- Check Member Eligibility
- Submit Prior Authorization Requests
- View Patient Lists and Care Gaps
- Submit, view and adjust claims
- View Payment History

Registration is FREE and easy!

- Must be a participating provider or if non-participating, must have submitted a claim

Contact NHHF Provider Relations:

nhproviderrelations@centene.com



Resources: One Call Does It All

1 (866) 769-3085

1 (855) 742-0123 TDD/TTY

- Phone is answered 24x7
- Request PCP changes
- Order Member ID Cards
- Speak with your Care Manager
- Confirm Benefit Coverage
- Health Information Library
- Secure Member & Provider Portals
www.NHhealthyfamilies.com

A sample member ID card for Jane Doe. It includes fields for NAME, MEDICAID ID#, BIN, PCP Name, PCP Phone, and DOB. At the bottom, it provides emergency instructions and the website URL.

NEW HAMPSHIRE
HEALTHY FAMILIES

NAME: Jane Doe
MEDICAID ID#: XXXXXXXXXX BIN: 008019
PCP Name:
PCP Phone: DOB:

If you have an emergency, call 911 or go to the nearest emergency room (ER).
Emergency services by a provider not in the plan's network will be covered without
prior authorization. www.NHhealthyfamilies.com

- Language Translation services and TTD/TTY functionality are available for all calls
- Translation and ASL support is available free of charge for member appointments
- NurseWise: staffed by registered nurses ready to answer your questions 24/7: 1-866-769-3085

THANK YOU! Our Team is Looking Forward to Serving YOU.